

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90005 025 \*\*\*\*61.25

**DOCUMENT # N36495**

1. Entity Name  
**SWEET HOME MISSIONARY BAPTIST CHURCH,  
INCORPORATED, OF MIAMI**



Principal Place of Business

**17201 SW 103RD AVE  
MIAMI, FL 33157**

Mailing Address

**17201 SW 103RD AVE  
MIAMI, FL 33157**

4001000000



01232007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2766714**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**THOMPkins, STANLEY  
14452 S.W. 104TH PLACE  
MIAMI, FL 33157**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	TD
NAME	THOMPkins, STANLEY
STREET ADDRESS	14452 S.W. 104TH PLACE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	P
NAME	GORDON, JAMES
STREET ADDRESS	13380 S.W. 261ST TERRACE
CITY-ST-ZIP	MIAMI, FL 33032
TITLE	D
NAME	DOTSON, ALBERT E SR
STREET ADDRESS	17901 S.W. 78TH PLACE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	WILLIAMS, PATRICIA
STREET ADDRESS	8124 S.W. 186TH ST
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	MITCHELL, INEZ
STREET ADDRESS	17924 N.W. 10TH STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33029
TITLE	D
NAME	ROGERS, ANTHONY L
STREET ADDRESS	15101 S.W. 71ST STREET
CITY-ST-ZIP	MIAMI, FL 33158

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**Walter T. Richardson**

**2/6/07**

**305-251-5753**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #